

Table 2. Regimen Options for Treatment of Latent TB Infection for Persons with HIV Infection

Drug	Regimen				Comments	Contraindications
	Daily		Twice Weekly			
	Children	Adults	Children	Adults		
	Duration	Duration	Duration	Duration		
INH	9 months	9 months	9 months	9 months	Minimum of 270 doses administered within 12 months Twice-weekly regimens should consist of at least 76 doses administered within 12 months. INH can be administered concurrently with NRTIs, PIs, or NNRTIs Directly observed treatment of latent TB infection should be used when twice-weekly dosing is used.	History of an INH-induced reaction, including hepatic, skin or other allergic reactions, or neuropathy Known exposure to person who has INH-resistant TB Chronic severe liver disease
RIF and PZA*	Not recommended	2 months	Not recommended	2-3 months	Minimum of 60 doses to be administered within 3 months Twice-weekly regimens should consist of at least 16 doses to be administered for 2 months or 24 doses to be administered for 3 months. If RFB is administered, patient should be monitored carefully for potential RFB drug toxicity and potential decreased antiretroviral drug activity.	History of a rifamycin-induced reaction, including hepatic, skin or other allergic reactions, or thrombocytopenia Pregnancy Chronic severe hyperuricemia Chronic severe liver disease
RFB and PZA*	Not recommended	2 months	Not recommended	2-3 months	Dose adjustments, alternative therapies, or other precautions might be needed when rifamycins are used (e.g., patients using hormonal contraceptives must be advised to use barrier methods, and patients using methodone require dose adjustments). PIs or NNRTIs should generally not be administered concurrently with RIF; in this situation, an alternative is the use of RFB [†] and PZA.	

INH - isoniazid; PZA - pyrazinamide; RFB - rifabutin; RIF- rifampin; DOPT- directly observed preventive therapy; PIs - protease inhibitors; NNRTIs - nonnucleoside reverse transcriptase inhibitors; NRTIs - nucleoside reverse transcriptase inhibitors

*For patients with intolerance to PZA, some experts recommend the use of a rifamycin (RIF or RFB) alone for preventive treatment. Most experts agree that available data support the recommendation that this treatment can be administered for as short a duration as 4 months, although some experts would treat for 6 months.

[†]The concurrent administration of rifabutin is contraindicated with hard-gel saquinavir and delavirdine. An alternative is the use of rifabutin with indinavir, nelfinavir, amprenavir, ritonavir, efavirenz, and possibly soft-gel saquinavir and nevirapine. Caution is advised when using rifabutin with soft-gel saquinavir and nevirapine, because data regarding the use of rifabutin with soft-gel saquinavir and nevirapine are limited.

Note: For patients whose organisms are resistant to 1 or more drugs, administer at least 2 drugs to which there is demonstrated susceptibility and consult a TB medical expert. Clinicians should review the drug-susceptibility pattern of the *M. tuberculosis* strain isolated from the infecting source-patient before choosing a preventive therapy regimen.